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APPLICANTS

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** CONTINUING DATA *SH* *NONE* ******* FOREIGN APPLICATIONS *SH* *NONE* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
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ADDRESS

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TITLE

Digital subscriber line user capacity estimation

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